# **Table of Contents**

## **Chapter**

Program Overview	
Introduction and Contract Partners	1-1
Organization of Contract Partners	1-3
Certified Application Assistant	
Role of the Certified Application Assistant	2-1
CAA Agreement	2-3
Confidentiality and Fraud Prevention Safeguards	2-4
Healthy Families and Medi-Cal Mail-In Application	
Who is Eligible to Apply Using the Mail-In Application	3-1
Single Point of Entry and Application Process	3-2
Single Point of Entry Initial Application Screening Chart	3-4
Determining Family Size and Income	
Family Size	4-2
Income Received by Each Family Member	4-4
Whose Income is Counted for Whom	4-10
Gross Monthly Income	4-11
Income Deductions	4-13
Net Monthly Income	4-16
Using Federal Tax Forms	
Sample Federal Tax Forms	
Sample Three Month Profit and Loss Statement	
Sample Employer Letter	
Sample Affidavit of Income	
Sample Medi-Cal Notice of Action	
Sample Income Calculation Worksheet	
Income Calculation Worksheet Instructions	
Medi-Cal and Healthy Families Comparison	
Medi-Cal and Healthy Families Comparison	5-1
Medi-Cal and Healthy Families Comparison Chart	5-2

# **Table of Contents**

## **Chapter**

Medi-Cal	
Medi-Cal Program Overview and Eligibility	6-1
Mail-in Application Eligibility	6-3
Share-of-Cost Medi-Cal	
Confidentiality, Rights, Responsibilities and Declarations	6-4
Medical Support Enforcement	6-5
Annual Redetermination	6-7
Immigration Status	6-8
Benefits Identification Card	
Medi-Cal Flow Chart	
Healthy Families	
Healthy Families Program Overview and Eligibility	7-1
California Residency, Citizenship and Immigration Status	7-2
Summary of Benefits	7-3
Other Health Coverage and Employer-Sponsored Coverage	7-4
Absent Parents Applying for Healthy Families	7-5
Health, Dental and Vision Plan Selection_	7-6
Monthly Premium Instructions and Family Contribution Sponsors	7-7
Early Enrollment Process	7-13
Application Denials	7-14
Open Enrollment	7-16
Annual Eligibility Review	
Healthy Families Program Bridging to Medi-Cal	
Disenrollments	
Appeals and Continued Enrollment	
Qualified Immigrants	
Declarations: Application Section C	
Application Review Process Chart	
Sample Denial Notice	
Sample Annual Eligibility Review Form	
Sample Disenrollment Notice	

# **Table of Contents**

## **Chapter**

Mail-In Application and Handbook Application Page A1 Application Page A2 Application Page A3 Application Page A4  Using Health-e-App Introduction and System Requirements Getting Started Using Health-e-App On-Line Broadcast System Sample Faxed Documentation Coversheet  Required Documents Income Proof of Pregnancy Deductions	<b>Q</b> _1
Application Page A2 Application Page A3 Application Page A4  Using Health-e-App Introduction and System Requirements Getting Started Using Health-e-App On-Line Broadcast System Sample Faxed Documentation Coversheet  Required Documents Income Proof of Pregnancy Deductions	0-1
Application Page A3 Application Page A4  Using Health-e-App Introduction and System Requirements Getting Started Using Health-e-App On-Line Broadcast System Sample Faxed Documentation Coversheet  Required Documents Income Proof of Pregnancy Deductions	8-6
Application Page A4  Using Health-e-App Introduction and System Requirements Getting Started Using Health-e-App On-Line Broadcast System Sample Faxed Documentation Coversheet  Required Documents Income Proof of Pregnancy Deductions	8-13
Using Health-e-App Introduction and System Requirements Getting Started Using Health-e-App On-Line Broadcast System Sample Faxed Documentation Coversheet  Required Documents Income Proof of Pregnancy Deductions	8-18
Introduction and System Requirements Getting Started Using Health-e-App On-Line Broadcast System Sample Faxed Documentation Coversheet  Required Documents Income Proof of Pregnancy Deductions	8-26
Getting Started  Using Health-e-App On-Line Broadcast System Sample Faxed Documentation Coversheet  Required Documents Income Proof of Pregnancy Deductions	
Using Health-e-App On-Line Broadcast System Sample Faxed Documentation Coversheet  Required Documents Income Proof of Pregnancy Deductions	9-1
On-Line Broadcast System Sample Faxed Documentation Coversheet  Required Documents Income Proof of Pregnancy Deductions	9-4
Sample Faxed Documentation Coversheet  Required Documents  Income  Proof of Pregnancy  Deductions	9-5
Required Documents  Income Proof of Pregnancy Deductions	9-5
Income Proof of Pregnancy Deductions	9-6
Proof of Pregnancy Deductions	
Deductions	10-1
	10-1
	10-2
California Residency	10-2
Citizenship and US Nationals	10-3
Immigration Status: Medi-Cal	10-4
Immigration Status: Healthy Families	10-5
American Indian and Alaskan Native Documents	10-7
Additional Information Regarding Public Charge_	10-8
Other Health Programs	
Public and Private Health Programs	11-1
Glossary of Acronyms	12-1
Reference Phone Numbers and Information	13-1